



STATEMENT OF FACTS MOTOR CARRIER FLEET NAME CHANGE

VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	CALIFORNIA LICENSE PLATE NUMBER
ACCOUNT NUMBER	LICENSE YEAR	CARRIER NAME

Complete **Sections A and B**

Section A Statement of Facts for Carrier Fleet	CARRIER ADDRESS	
	<p><input type="checkbox"/> There has been a name change for this account number.</p> <p>1. Does the name change also reflect a change of ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Check one the the following:</p> <p><input type="checkbox"/> No change in the composition or operation of the fleet.</p> <p><input type="checkbox"/> A change in the composition or operation of the fleet was effective on <u> MONTH, DAY, YEAR</u></p>	
<p><i>Please explain changes:</i></p>		
Section B Certification and Signature	I further agree to indemnify and save harmless the Director of Motor Vehicles, State of California, and subsequent purchasers of said fleet, for any loss they may suffer resulting from registration of the above described fleet in California, from issuance of a California certificate of ownership covering the same.	
	<i>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>	
	COMPANY NAME	DAYTIME TELEPHONE NUMBER ()
DATE	AUTHORIZED SIGNATURE X	